CGB-CC-0004

October 26, 2005

Federal Communications Commission 445 12th street SW Washington, DC 20554

RECEIVED & INSPECTED

OCT 3 1 2005

FCC - MAILROOM

Re: Request for exemption from Commission's rule for programmers to provide Closed Captioning

To the Commissioners of the FCC:

We are writing to request an exemption to the FCC's ruling for required Closed Captioning by programmers in Section 79.1. Our program is a one hour broadcast of religious significance that is broadcast on the local NBC affiliate, the local Pax-TV affiliate, and also distributed by satellite to a chain of 240 nursing homes throughout the United States. We presently buy time on the NBC and Pax stations, but offer the program to the nursing home in exchange for other considerations. The nursing home feed is for private viewing only and thus should already be exempt from this regulation. We state our case based on the following scenario.

- 1. When considering the revenues, most of which are donations from viewers of the program, this ruling would impose an undue burden on the production costs of the program which will far exceed 2% of the gross revenues that we receive. This should qualify us for the exemption under 79.1 (d) (11). This burden would, in all likelihood, cause us to cease the production of a program that has been enjoyed by many home bound people who are unable to attend their local church. Please reference the following attachments:
 - A. Financial report-Income/Expense summary YTD 2005
 - B. 501 (c) (3) Tax returns for 2004
 - C. Cost estimation of adding Closed Captioning by two providers
- 2. Since January 2004 we have been enjoying the use of deaf interpreters to the hearing impaired viewers. We insert the interpreters in a "picture-in-picture" format. These interpreters donate their time and expenses since the revenues from the program are not adequate to pay them for their valuable service. Since we took this step without any awareness of pending FCC regulations or enforcement of those regulations, we contend that we have been in compliance of the "spirit" of the regulation for almost two years now. The hearing impaired community has backed us for this innovation, and today, in the light of the enforcement of this 1997 ruling, they feel we have adequately demonstrated a genuine desire to serve their community. We contend this should qualify as a "reasonable substitute" to the ruling under 79.1 (f) (3).
 - A. Letter from Matthew Nix Pastor Trinity Lutheran Church for the Deaf
- 3. In 79.1 section e (5) we noticed that periods of time for up to 4 hours can be exempt from 2:00 AM to 6:00 AM. When we chose which times we wanted our program to air on the public airways, we chose 10:00 AM on Sunday for

two reasons. First, that is the time when most people would be attending the local church if they were able. The other strong consideration was that the time is much less expensive on Sunday morning, prior to the sports schedule, than at many other times of the day or week. You see, expense has been a vital concern of ours from the beginning. Could an amendment be made to the ruling to also exempt limited Sunday morning hours. It would help other religious broadcasts that have unsuccessfully applied for an exemption.

4. <u>Under 79.1 (f) (2) (i)</u> the "undue burden" falls into the realm of revenues that have been generated in the first four year history of our program. We have approached several businesses for commercial support. None have expressed an interest in commercial sponsorship of our program. It seems as if very few companies want to spend their advertising dollars on religious content programming.

<u>Under 79.1 (f) (2) (ii)</u> this program would be impacted to the point non-existence. Surely not the intent of the FCC ruling, and the reason the ruling incorporates an exemption process such as this.

Under 79.1 (f) (2) (iii) additional sources of revenue would need to be located in order for the program to survive. We have actively pursued many sources of revenue in the past and have been successful to the point of only being able to keep the program on the air. We serve, for the most part, an aging audience. Most of our viewers are unable to attend a worship service due to physical limitations. This group is not highly catered to by the business community since they are past the age of being a vital part of the economy. In response to 79.1 (f) (2) (iv), the program was developed by a group of volunteers within a church body. There are no monetarily compensated individuals involved in the program. We are incorporated in the state of South Dakota as a 501 (c) (3) "not for profit" corporation, and thus should not be regulated in the same way that for profit corporations are regulated. Even

though we are broadcast on two broadcast stations that are "for profit" they have no input as to content, management, style, setting or editorial control of

Therefore, based upon the above statements, we now petition the Commissioners of the Federal Communications Commission to grant to Main Street Living, Inc., an exemption to 79.1 that would require Closed Captioning of the program "Main Street Living". If you have any further questions you can contact: A.G. Te Slaa, 1400 So. Duluth Ave., Sioux Falls, SD 57105.

Respectfully submitted for your consideration,

the program.

A.G. Te Slaa

Board Chairman- Main Street Living, Inc

9/20/05

Summary 1/1/05 Through 9/20/05

| Category Description | 1/1/ 05- 9/20/ 05 |
|---|---|
| INCOME | |
| Uncategorized | 48,950. 57 |
| TOTAL INCOME | 48,950. 57 |
| EXPENSES | |
| Broadcast Fee Dining Equipment Purchase Insurance Legal-Prof Fees Licenses and Permits Misc Office Postage and Delivery Printing and Reproduction Returns Studio Rent | 47,296.54 100.00 -0.14 466.00 582.56 10.00 178.42 35.97 77.36 302.60 5,000.00 4,850.00 |
| TOTAL EXPENSES | 58,899. 31 |
| OVERALL TOTAL | -9,948. 74 |

Department of the Treasury

internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements.

| A | For the 20 | 04 calendar year, or tax year beginning | an | đ end | ing | | |
|---|----------------------|--|---|---|--|---------------------|---------------------------------------|
| В | Dheck if | Please C Name of organization | | *************************************** | | D Employer ide | entification number |
| * | applicable: | USE IRS MAIN STREET LIVING I | NC | | | , | |
| | Address change | print or C/O JO ANN MEYER | | | | 01-07 | 10918 |
| | Name change | type. Number and street (or P.O. box if mail is no | t delivered to street address) | | Room/suite | E Telephone n | umber |
| | loitial retum | Specific 2505 E. SLATEN PARK | CIRCLE | | | | 38-3905 |
| | Final return | Instruc- tions. City or town, state or country, and ZIP + 4 | | | | F Accounting metho | ot X Cash Accrual |
| | Amended return | DIOOV LUTPO' OD 2/1 | | | | Other (specify) | |
| | Applicati pending | . contain on italian intermediations duly abutilati | l) nonexempt charitable trus ts | | H and I are not app | | on 527 organizations. |
| | | must attach à compléted Schedule A (Form 95 | 10 or 990-EZ). | F | H(a) Is this a group r | | |
| G | Website: | ►WWW.MAINSTREETLIVING.OR | G | 1 | H(b) If "Yes," enter nu | | |
| J | Organizat | ion type (check only one) ► X 501(c) (3) ◀ (inser | t no.) 4947(a)(1) or | | H(c) Are all affiliates | included? N | |
| K | Check her | e 🕨 🔲 if the organization's gross receipts are norm | nally not more than \$25,000. Th | е | (If "No," attach a H(d) Is this a separat | list.) | |
| | organizati | on need not file a return with the IRS; but if the organiza | tion received a Form 990 Packa | | ganization cove | red by a group r | uling? Yes X No |
| | in the mai | l, it should file a return without financial data. Some stat | es require a complete return. | | I Group Exemption | | |
| | | | | | M Check ► | if the organization | on is not required to attach |
| | | eipts: Add lines 6b, 8b, 9b, and 10b to line 12 🕨 | 84,572 | | Sch. B (Form 99 | | |
| Р | art II I | Revenue, Expenses, and Changes in | Net Assets or Fund B | alar | nces | | |
| | 1 | Contributions, gifts, grants, and similar amounts receiv | | | | | |
| | a | Direct public support | | 1a | 84,5 | 40. | |
| | | Indirect public support | | 1b | | | |
| | C | Government contributions (grants) | | 10 | | | |
| | d | Total (add lines 1a through 1c) (cash \$ | | | | | 84,540. |
| | 2 | Program service revenue including government fees ar | | | | | |
| | 3 | Membership dues and assessments | | | *************************************** | 3 | |
| | 4 | Interest on savings and temporary cash investments | *************************************** | | | 4 | 32. |
| | 5 | Dividends and interest from securities | *************************************** | | ••••• | 5 | |
| | ба | Gross rents | | | | | |
| | | Less: rental expenses | | | | | |
| | 6 | Net rental income or (loss) (subtract line 6b from line 6 | Sa) | | | 6c | |
| ō | 7 | Other investment income (describe | ······································ | | |) 7 | |
| Revenue | 8 a | Gross amount from sales of assets other | (A) Securities | | (B) Other | | |
| e Se | | than inventory | | 8a | | | |
| | 1 | Less: cost or other basis and sales expenses | | 8b | | | |
| | C . | Gain or (loss) (attach schedule) | | 8 c | | | |
| | | Net gain or (loss) (combine line 8c, columns (A) and (| | | | 8 d | |
| | 9 | Special events and activities (attach schedule). If any a | | ere 🕨 | > [] | | |
| | a | Gross revenue (not including \$ | | _ 1 | | | |
| | | reported on line 1a) | | 9a | | | |
| | | Less: direct expenses other than fundraising expenses | | 9b | | | |
| | 10 = | Net income or (loss) from special events (subtract line Gross sales of inventory, less returns and allowances | au nominie aa) | | • | 9c | |
| | | | | 10a | | | |
| | | Less: cost of goods sold | | 10b | 100) | | |
| | 11 | Other revenue (from Part VII, line 103) | | | | | |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 | | | | | 84,572. |
| ***** | 13 | Program services (from line 44, column (B)) | | | | | 87,308. |
| 9 | 14 | Management and general (from line 44, column (C)) | *************************************** | | *************************************** | | 077300. |
| 000000000000000000000000000000000000000 | 15 | Fundraising (from line 44, column (D)) | *************************************** | | | 15 | |
| 5 | 16 | Payments to affiliates (attach schedule) | *************************************** | | | 16 | · · · · · · · · · · · · · · · · · · · |
| 77 | 17 | Total expenses (add lines 16 and 44, column (A)) | | • | *************************************** | 17 | 87,308. |
| ** | 18 | Excess or (deficit) for the year (subtract line 17 from li | ne 12) | • | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 18 | <2,736.> |
| Net | S 19 | Net assets or fund balances at beginning of year (from | line 73, column (A)) | | | 19 | 12,253. |
| ž | SS 20 | Other changes in net assets or fund balances (attach e | explanation) | | | 20 | 0. |
| | 21 | Net assets or fund balances at end of year (combine li | nes 18, 19, and 20) | | | 21 | 9,517. |
| 42 | 3001 | | | • | | 1 61 | |

MAIN STREET LIVING INC C/O JO N MEYER (A), Columns (B), (C), an) are required for section 501(c)(3) Page 2

| |) organ | zations and section 4947 | (B) Program | (C) Management | |
|--|--|--|--|--|--|
| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | servic es | and general | (D) Fundraising |
| Grants and allocations (attach schedule) | | | | | |
| eash \$noncash \$) | 2 2 | | | | |
| Specific assistance to individuals (attach schedule) | 23 | | | | |
| Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc. | 24 | 0. | 0. | 0. | 0 |
| Other salaries and wages | 26 | | | | |
| Pension plan contributions | 27 | | | | |
| Other employee benefits | 28 | | | | |
| Payroll taxes | 29 | | | | |
| Professional fundraising fees | 30 | | | | |
| Accounting fees | 31 | 1,192. | 1,192. | | |
| Legal fees | 32 | | | | |
| Supplies | 33 | 8. | 8. | | |
| Telephon e | 34 | | 116 | | |
| Postage and shipping | 35 | 146. | | 4 | |
| Occupancy | 36 | 6,800. 177. | | | |
| Equipment rental and maintenance | 1 | 1 1 | + | <u></u> | |
| Printing and publications | 38 | | | | |
| Travel | 1 | | | | |
| Conferences, conventions, and meetings | 1 | | | | |
| Interest | | 3,567 | 3,567. | | |
| Other expenses not covered above (itemize): | 7- | | | | |
| , | 43a | | | | |
| | 43b | | | | |
| | 43€ | | | | 1 |
| | | | | | |
| | 43d | | | | |
| SEE STATEMENT 1 | 43d 43e | 75,418 | | | |
| Total functional expenses (add lines 22 through 43), organizations completing columns (8) (0), carry these totals to lines 13-1 at Costs. Check if you are following SOP (any items) in the costs from a combined educational camp. | 43d 43e 5. 44 98-2. aign an | 87,308 | . 87,308 reported in (B) Program ser | • 0 | Yes X No |
| Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these locals to lines 13-1 at Costs. Check if you are following SOP so any joint costs from a combined educational camp yes, enter (i) the aggregate amount of these joint countries the amount allocated to Management and general art iii Statement of Program Servati is the organization's primary exempt purpose? I organizations must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) | 43d 43e 5. 44 98-2. aign an osts \$ \$ /Ice / | 87,308 d fundraising solicitation ; an Accomplishments EE STATEMEN | reported in (B) Program ser ; (ii) the amount allocated of (iv) the amount | vices? to Program services \$ to Fundraising \$ | Program Service Expenses (Required for 501(c)(3) a (4) orgs, and 4947(a)(|
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| Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these locals to lines 13-1 at Costs. Check ▶ if you are following SOP (any joint costs from a combined educational camp /es,* enter (i) the aggregate amount of these joint costs the amount allocated to Management and general art iii Statement of Program Servat is the organization's primary exempt purpose? I organizations must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) cations to others.) BROADCASTED 51 ONE—HOUMARKET OF 350,000 INDI | 43d 43e 5 44 98-2. aign an osts \$ /ice / S ents in a organiz. | 87,308 d fundraising solicitation ; an Accomplishments EE STATEMEN clear and concise manner. Strations and 4947(a)(1) nonexem JUTHERAN TELL DUALS IN SOU | reported in (B) Program ser ; (ii) the amount allocated of (iv) the amount | vices? to Program services \$ to Fundraising \$ publications issued, etc. Discuster the amount of grants and | Program Service Expenses (Required for 501(c)(3) a (4) orgs., and 4947(a)(trusts; but optional for off |
| Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these locals to lines 13-1 int Costs. Check ▶ ☐ if you are following SOP 9 any joint costs from a combined educational camp yes, enter (i) the aggregate amount of these joint column to the amount allocated to Management and general art III Statement of Program Servant is the organization's primary exempt purpose? In organizations must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) the actions to others.) BROADCASTED 51 ONE—HOUMARKET OF 350,000 INDIA | 43d 43e 5 44 98-2. aign an osts \$ /ice / S ents in a organiz. | 87,308 d fundraising solicitation ; an Accomplishments EE STATEMEN clear and concise manner. Strations and 4947(a)(1) nonexem JUTHERAN TELL DUALS IN SOU | reported in (B) Program ser ; (ii) the amount allocated of (iv) the amount allocation of (iv) the amount allocated of (iv) the | vices? to Program services \$ to Fundraising \$ publications issued, etc. Discuser the amount of grants and RAMS TO | Yes X No : |
| Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these locals to lines 13-1 int Costs. Check ▶ ☐ if you are following SOP 9 any joint costs from a combined educational camp yes, enter (i) the aggregate amount of these joint column to the amount allocated to Management and general art III Statement of Program Servant is the organization's primary exempt purpose? In organizations must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) the actions to others.) BROADCASTED 51 ONE—HOUMARKET OF 350,000 INDIA | 43d 43e 5 44 98-2. aign an osts \$ /ice / S ents in a organiz. | 87,308 d fundraising solicitation ; an Accomplishments EE STATEMEN clear and concise manner. Strations and 4947(a)(1) nonexem JUTHERAN TELL DUALS IN SOU | reported in (B) Program ser ; (ii) the amount allocated of (iv) the amount | vices? to Program services \$ to Fundraising \$ publications issued, etc. Discuser the amount of grants and RAMS TO | Program Service Expenses (Required for 501(c)(3) at (4) orgs., and 4947(a)(trusts; but optional for oth |

Part IV Balance Sheets

| | | e required, attached schedules and amounts wi Id be for end-of-year amounts on ly. | thin the description colum n | (A) Beginning of year | | (B) End of year |
|--|------------|--|-------------------------------------|--------------------------|-------------|----------------------------|
| The second secon | 45 | Cash - non-interest-bearing | | 13,337. | 45 | 14,168. |
| | 46 | Savings and temporary cash investments | | | 46 | |
| | | | 11 | | | |
| İ | | Accounts receivable | | | | |
| | O | Less: allowance for doubtful accounts | 47b | | 47c | |
| | 40 - | Plades and bakts | | | | |
| | 48 a | Pledges receivable | 488 | : | | |
| | | Less: allowance for doubtful accounts | | | 48c | |
| İ | 49 50 | Grants receivable | | | 49 | |
| | 30 | Receivables from officers, directors, trustees, | | | 50 | |
| ts | 51 a | and key employees | | | 5 0 | |
| Assets | | Less: allowance for doubtful accounts | | | 51c | |
| ⋖ | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | 53 | |
| | 54 | Investments - securities | Cost FMV | | 54 | |
| | | Investments - land, buildings, and | | | | |
| | | equipment: basis | 55a | | | |
| | | | | | | |
| | b | Less: accumulated depreciation | 55 b | | 55 c | |
| | 56 | Investments - other | | | 56 | |
| | 57 a | Land, buildings, and equipment: basis | 57a 26,536. | | | |
| | b | Less: accumulated depreciation STMT 3 | | 8,916. | 57€ | 5,349. |
| | 58 | Other assets (describe 🕨 |) | | 58 | |
| | | | | | | |
| | 59 | Total assets (add lines 45 through 58) (must equal | line 74) | 22,253. | 59 | 19,517. |
| | 6 0 | Accounts payable and accrued expenses | F | | 60 | |
| | 61 | Grants payable | | | 61 | |
| ű, | 62 | Deferred revenue | | | 62 | |
| litie | 63 | Loans from officers, directors, trustees, and key em | · • | | 63 | |
| iabilities | | a Tax-exempt bond liabilities b Mortgages and other notes payable | | 10,000. | 64a | 10,000. |
| : | 65 | · · | | 10,000. | 1 | 10,000. |
| | 00 | Other liabilities (describe | | | 65 | |
| | 6 6 | Total liabilities (add lines 60 through 65) | | 10,000. | 66 | 10,000. |
| ************ | 1 | anizations that follow SFAS 117, check here | and complete lines 67 through | | | |
| | | 69 and lines 73 and 74. | | | | |
| Ses | 67 | Unrestricted | | | 67 | 1 |
| <u>a</u> | 68 | Temporarily restricted | | | 58 | |
| Ba | 59 | Permanently restricted | | | 69 | |
| Net Assets or Fund Balances | Orga | anizations that do not follow SFAS 117, check here l | | | | |
| Œ | | 70 through 74 , | | | | |
| ts o | 70 | Capital stock, trust principal, or current funds | | 0. | 70 | 0. |
| sset | 71 | Paid-in or capital surplus, or land, building, and eq | ulpment fund | 0 | . 71 | 0. |
| t As | 72 | Retained earnings, endowment, accumulated incor | | 12,253 | . 72 | 9,517. |
| Se | 73 | Total net assets or fund balances (add lines 67 th | • | | | |
| | _ | column (A) must equal line 19; column (B) must e | | 12,253 | | 9,517. |
| | 74 | Total liabilities and net assets / fund balances (a | dd lines 66 and 73) | 22,253 | 74 | 19,517. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Department of the Treasury internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

2004

| | MAIN STREET LIVING INC C/O JO ANN MEYER | 01-0710918 |
|---|---|--|
| Organization type (che | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | ion is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or le and a Special Rule-see instructions.) | (10) organization can check boxes |
| General Rule- | | |
| | ons filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in more complete Parts I and II.) | ney or property) from any one |
| Special Rules- | | |
| sections 509(a | 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on line 1 of these forms. (Complete Parts I and II.) | · · |
| aggregate cor | 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one atributions or bequests of more than \$1,000 for use exclusively for religious, charitable, science prevention of cruelty to children or animals. (Complete Parts I, II, and III.) | · · · · · · · · · · · · · · · · · · |
| some contribu \$1,000. (If this charitable, etc | 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one ations for use exclusively for religious, charitable, etc., purposes, but these contributions did so box is checked, enter here the total contributions that were received during the year for an experience. Do not complete any of the Parts unless the General Rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.) | not aggregate to more than exclusively religious, zation because it received |
| | s that are not covered by the General Rule and/or the Special Rules do not file Schedule B (F | · |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

C/O JO ANN MEYER

Employer identification number

01-0710918

| Part I | Contributors (See Specific Instructions.) | | |
|------------|---|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | | \$ 6,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | | ss10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Occupiete Part II if there is a noncash contribution. |

| Part VII Analysis of Income-Producing | Activities | (See page 33 of the inst | tructions.) | | |
|---|--|---|------------------------------------|--|------------------------------|
| Note: Enter gross amounts unless otherwise | | ed business incom e | | d by section 512, 513, or 514 | (E) |
| indicate d. | (A) Business | (B) | (C) Exclu- | (D) | Related or exempt |
| 93 Program service revenue: | code | Amount | sion code | Amou nt | function income |
| 3 | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| 8 | E. | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 32. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets | | | | | |
| other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | 01 | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | 1 | | | | |
| d | į | | | | |
| 8 | _ | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | 0. | 32. | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | > | 32. |
| Note: Line 105 plus line 1d, Part I, should equal the an | nount on line | 12, Part I. | | | |
| Part VIII Relationship of Activities to the | | | | | |
| Line No. Explain how each activity for which income is re | eported in colu | nn (E) of Part VII contri | buted import: | antly to the accomplishment | t of the organization's |
| exempt purposes (other than by providing fund | is for such purp | ose s). | | | |
| | | | | | |
| | | | | | |
| | | ., | | | |
| | | | | | |
| Part IX Information Regarding Taxab | le Subsidia | | arded Er | | e instructions.) |
| (A) (B) Name, address, and EIN of corporation, Percentage | of | (C) Nature of activities | | (D) Total income | (E) End-of-year |
| partnership, or disregarded entity ownership int | erest | | | | asse ts |
| | % | | | | |
| N/A | % | | | | |
| | % | | | | |
| | % | | | | |
| Part X Information Regarding Transf | ers Assoc | iated with Perso | onal Bene | efi t Contracts (See pa | ige 34 of the instructions.) |
| (a) Did the organization, during the year, receive any fund | ds, directly or in | directly, to pay premiur | ns on a perso | onal benefit contract? | Yes X No |
| (b) Did the organization, during the year, pay premiums, | directly or indir | ectly, on a personal ben | efit contract? |) | Yes X No |
| Note: If "Yes" to (b), file Form 8870 and Form 4720 (| 'see instructio | ns). | | | |
| Please Under penalties of penjury, I declare that I have examine correct, and complete. Declaration of preparer (other that | d this return, inclu in officer) is based | ding accompanying schedu on all information of which | les and stateme preparer has an | ents, and to the best of my knowle y knowledge. | edge and belief, it is true, |
| Sign | | | | | ····· |
| Here Signature of officer | | Da te | Type or p | orint name and title. | |
| Preparer's | \sim | - 11 | Date / | Check if self- | Preparer's SSN or PTIN |
| rate signature | <u> </u> | CX1+ | 12-6 | 203 employed ► |] |
| Han Oaks Drouge if | LLP \subset | <i>,</i> | | EIN ► | |
| self-employed), 200 EAST 10T | | UITE 500 | | | |
| 423161 address, and ZIP+4 SIOUX FALLS, | cn 571 | 17-5126 | | Phone no | (605)339-1999 |

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Internal Revenue Service Name of the organization MAIN STREET LIVING INC Employer identification number C/O JO ANN MEYER 01 0710918 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position d) Contributions to employee benefit plans & deferred compensation (a) Name and address of each employee paid (e) Expense account and other (c) Compensation more than \$50,000 allowances NONE Total number of other employees paid over \$50,000 0 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over

\$50,000 for professional services

MAIN ' REET LIVING INC

Schedule A (Form 990 or 990-EZ) 2004 C/O J_ANN MEYER 01-0710918 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the \$ (Must equal amounts on line 38, Part VI-A, lobbying activities > \$ X or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) X a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? Х 2b X c Furnishing of goods, services, or facilities? X d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d Х e Transfer of any part of its income or assets? 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how Х you determine that recipients qualify to receive payments.) 3b b Do you have a section 403(b) annuity plan for your employees? 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 42 b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) The organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 5 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, g and state 🕨 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). 10 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 11a Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.) (b) Line number (a) Name(s) of supported organization(s) from above An organization organized and operated to test for public safety. Section 509(a)(4), (See page 5 of the instructions.)

REET LIVING INC Schedule A (Form 990 or 990-EZ) 2004 C/O J ANN MEYER 01-0710918 Page 3 Part IV-A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (b) 2002 (a) 2003 (c) 2001 (d) 2000 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 100,511. 189,833. 89,322. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 5,329. 5,329. charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 23. 82. 105. Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule.
Do not include gain or (loss) from sale of capital assets 195,267.Total of lines 15 through 22 89,345. 105,922. 89,345. 100,593. 189,938 Line 23 minus line 17 Enter 1% of line 23 893. 1,059. N/A Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. N/A Do not file this list with your return. Enter the total of all these excess amounts 26b N/A c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c 18 _______ d Add: Amounts from column (e) for lines: 22 ______ 26b _____ ► N/A 26d N/A Public support (line 26c minus line 26d total) 26e N/A 1 Public support percentage (line 25e (numerator) divided by line 26c (denominator))

26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of (2003) O • (2002) O • (2001) O • (2000) O • b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0 • (2002) 0 • (2001) 0 • (2000) 0 • c Add: Amounts from column (e) for lines:

15 189,833. 16

17 5,329. 20 21 ► 27c

d Add: Line 27a total ... 0. and line 27b total ... 0. ► 27d

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

g Public support percentage (line 27e (numerator) divided by line 271 (denominator))

e Public support (line 27c total minus line 27d total) 1 Total support for section 509(a)(2) test: Enter amount on line 23, column (e) _____ > 271 195, 267.

99.9462%

270

Cost estimation of adding Closed Captioning

Present cost of producing and airing one 58:30 program

| Purchase of air time on KDLT | \$1300.00 |
|--------------------------------|---------------|
| Purchase of air time on PAX-TV | \$250.00 |
| Rent of Studio | \$106.00 |
| Supplies (Beta Tape & DVD-R) | \$19.50 |
| Administrative Costs | <u>\$9.50</u> |
| Total | \$1685.00 |

Option one:

Caption Max, a Minneapolis based firm, would Close Caption our program for \$600.00 per hour. We would need to overnight the tape to them and they would need to overnight it back to us. The \$1685.00 would not be altered, but we would need to add the following expenses.

| Caption Max's fee | \$600.00 |
|------------------------------|----------------|
| Overnight shipping both ways | <u>\$29.00</u> |
| | \$629.00 |

This would also require additional volunteers to ship and pick up the tape.

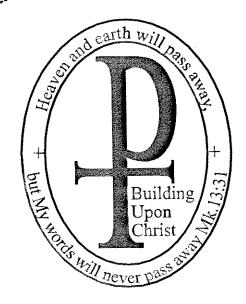
Option two:

KDLT, one of the stations on which we currently air the program, has offered to caption the program for us. We would take the final program to them with an exact transcript on a floppy disc. This would require the hiring of someone to commit the entire program to a disc and finding an additional volunteer to transcribe the program. We have no estimate as to the cost of the transcription. This would also require the dubbing of a second tape once the encoding is complete.

| Cost of encoding the tape | \$175.00 |
|---------------------------------|------------|
| Cost of additional dubs | \$125.00 |
| Cost of hiring transcriptionist | <u>?</u> |
| Total | \$300.00 + |

Summary

Either option would require additional expenses. Option # 2 would require an increase of 18% in our overall cost of airing the program, while option # 1 would increase our cost by over 37%. Currently our production cost is only \$135.00 per program due to the high amount of time that is donated. Most of our money goes toward buying air time. Clearly if the exemption is not granted, we would be forced to terminate the production of the program that many shut-in senior citizens have adopted as their Sunday Worship service.



Trinity Lutheran Church of the Deaf

4801 East Sixth Street Sioux Falls, SD 57110

Matthew W. Nix, Pastor Phone (605)330-0724

October 6, 2005

Greetings in the name of our Lord,

My name is Matthew Nix, I am a pastor to the deaf in South Dakota. I work with deaf people all across our state and into Minnesota, Iowa, and Nebraska. As I travel and visit the deaf in my region many are very thankful for the service provided through Main Street

Living. This is the only opportunity that many of them have to worship their God in a meaningful way. Without exception they all prefer having a qualified (certified) interpreter over captioning.

You see, captioning is in English grammatical order and that is not the language most of them use. The speed the captioning would go would also be to fast for many of them to keep up with. On Tuesday, October 4th, I was visiting with one of my members in Custer, SD. She is 98 years old and lives alone in her own home. She has to depend on her children and grand children to take her places. With this program and its interpreting, she does not need to have her to children take her to church on Sunday morning.

I am afraid that if Main Street Living is required to caption its programming, the extra cost may force them to close down leaving many of the people I work with no regular opportunity to worship. There are other programs that do caption so I believe that market is well covered. To the best of my knowledge this is the only one in our area providing an American Sign Language interpreting. Main Street Living is providing a much needed service. Even the cost of interpreters would be quite high, but my church is able to provide free interpreters for them, we would not be able to provide free or even discounted captioning.

If at all possible, please do not force Main Street Living to caption their program it is too important to risk loosing.

In Christ,

Pastor Matthew Nix

Breaking the Sound Barrier with the Gospel in Sign

Main. 196

CGB-CC-COOH

To Whom it may Concern:

I, Arlen G. Te Slaa, as Chairman of the Board of Main Street Living, Inc., a South Dakota not for profit corporation, make the following statement of fact:

On October 26, 2005 I filed a petition on behalf of Main Street Living, Inc. requesting an exemption from the closed captioning that will be required of programmers as of January 1, 2006. Included in the petition were tax returns, cost estimations, an income summary, and a letter from Rev. Matthew Nix.

All the documents I deem to be authentic, the facts accurate, and the estimate is based on the best information available at the time. I believe the petition reflects the true impact that this FCC ruling would have on the operation and broadcast of Main Street Living.

Arlen G. Te Slaa

Date

Notary Publić

SHELLY STEICHEN

SOUTH DAKOTA (FAD)

My Commission expires Nov. 10, 2008

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